HOW TO MAXIMIZE

PATIENT SATISFACTION

(WITHOUT TURNING THE ED INTO THE DRIVE THROUGH AT BURGER KING)

Sir William Osler
GOALS FOR THIS TALK

▸ Improve your patient satisfaction scores without compromising quality of care (or selling your soul)
▸ Make YOUR shift a more rewarding and enjoyable experience
▸ Help make you a better doctor
PATIENT SATISFACTION ≠ VALUE ≠ QUALITY
WHY IMPROVE PATIENT SATISFACTION SCORES?

- Higher satisfaction is a placebo!
- More compliant patients may lead to better outcomes
- Reduce risk of malpractice
- Improves YOUR morale and welfare
- You become indispensable to the organization
- Protects our brand
WHAT’S WORKING AGAINST US?

- OUR inherent biases
- Must build rapport and inspire confidence rapidly
- Long wait times
- What their PCM told them to expect
- Dr. Google MD
- Scared/vulnerable patient population
THE REALITY OF EM IS WE DON’T GET TO CHOOSE WHO COMES THROUGH OUR DOORS

BUT THAT’S WHAT MAKES US GREAT DOCTORS
WHAT’S WORKING FOR US?

▸ We can actually do stuff!
▸ We have the skills to connect with people in a very short period of time
▸ We share something really special with our patients and their families: *the uniform*
“YOU WERE IN VIETNAM? YOU’RE THE REASON WHY FOLKS LIKE US WEAR THE UNIFORM.”

Your chance to reaffirm why we do what we do and leverage what it means to serve
HOW TO MEASURE PATIENT SATISFACTION?

- HCAHPS
  - Publicly reported inpatient survey with ED ramifications (since everyone gets admitted through ED)
  - Linked to Medicare reimbursement
PRESS GANEY

- Does not include admitted patients
- Higher proportion of lower acuity patients (who we spend less time with)
- Does not account for institutional differences
- Not designed to compare physicians
- Need a large sample to draw any meaningful conclusions
In a large systematic review, the variable cited by ED patients that had the greatest impact on their satisfaction was…

Interpersonal interactions with nurse and physician.
“IF THEY LIKE YOU, THEY WILL FORGIVE YOU FOR MOST ANYTHING.”

Greg Henry MD
PATIENT EXPECTATIONS IN 2017

- Compassion
- A physician that *listened*
- Physician who communicated well
- A physician who acknowledged and addressed their concerns
“WHAT’S THE ONE THING I CAN DO TODAY TO MAKE IT WORTH YOUR TRIP?”

Your script to help figure out why the heck they are in the ED
YOU DON’T HAVE TO PRACTICE BURGER KING MEDICINE!

- Try to find out what they are most concerned about
- We need to **manage expectations** AND show compassion
- If you can accommodate some of your patient’s treatment expectations without compromising quality you will build rapport
- Explain why it is not in their best interest to receive a test or certain treatment
“THE HARDEST SKILL TO MASTER IN EMERGENCY MEDICINE IS DOING NOTHING AND DOING IT WELL.”

Me, Adapted from the phrase, “Don’t just doing something, stand there.”

MAXIMIZING PATIENT SATISFACTION IN THE ED

“Don’t make me go over there.”

DON’T MAKE ME GO JEDI MIND TRICK ON YOU.
“I’M TREATING YOU THE SAME WAY I WOULD TREAT MY OWN FAMILY MEMBER.”

Adapted from The Golden Rule. My script to avoid ordering tests I don’t feel are indicated.
MAXIMIZING PATIENT SATISFACTION IN THE ED

TIPS FOR SUCCESS: ADJUST YOUR MINDSET

▸ The VAST majority of patients don’t want to be there
▸ Many are embarrassed to be in ED or were told to come
▸ Realize that if non-emergencies never showed up we may be out of a job
▸ Prudent layperson standard is law
▸ Never lose your empathy. You do NOT have to inwardly approve of a patient’s behaviors to show empathy
▸ Find a patient to love every shift
“YOU DID THE RIGHT THING BY COMING IN TODAY.”

Makes patient feel like they are not an idiot and wasting everyone’s time. Remember the prudent layperson standard.
TIPS FOR SUCCESS: THE INITIAL ENCOUNTER

- Greet patients ASAP!
- Ask how they would prefer to be addressed
- Sit down, make eye contact, and allow patients 1 minute up front to tell their story uninterrupted
- Acknowledge (and enlist) the family
- Establish privacy
- Write your name on the board
BODY LANGUAGE “NO-NO’S”

- Checking time or picking fingernails
- Stroking your chin
- Faking a smile
- Resting hands behind head
- Crossing arms
- Foot tapping
This statement demonstrates empathy but does not mean you think they necessarily should have been seen sooner.
TIPS FOR SUCCESS: WAITING FOR TEST RESULTS

▸ Under promise, over deliver

▸ Update them! The ONLY thing worse than the wait is waiting without receiving an explanation

▸ Perceived wait times ≠ actual wait times

▸ Patients hear EVERYTHING in the ED

▸ Chowing down in team center could be negatively perceived
“CAN I GET YOU ANYTHING WHILE YOU’RE WAITING?”

Probably should be someone other than us, but the reality is it may not be.
IS THE PHYSICAL EXAM DEAD?

- “That doctor never even examined me!”
- For simple complaints, I think it’s OK to do the “orthopedics” thing with the stethoscope
- Bedside ultrasound can add brownie points

“Patients who had a bedside US had higher satisfaction scores with overall ED care, diagnostic testing, and with their perception of the emergency physician.”
TIPS FOR SUCCESS: THE DISCHARGE

- Spend a couple extra minutes with patient prior to discharge
  - Less likely to bounce back to ED
  - More likely to comply
  - Your last chance to fix what went wrong

- ED patients do NOT understand their discharge instructions in terms of home care (80%), return precautions (79%), when to follow-up (39%), meds (22%), and Dx (14%)
“DO YOU HAVE ANY QUESTIONS OR CONCERNS PRIOR TO DISCHARGE?”

Your chance to mitigate a potential bad outcome
“CAN I CALL YOUR DOCTOR TO DISCUSS YOUR CASE AND ARRANGE A FOLLOW UP?”

Patients love this! Also, it can improve communication for transition of care & facilitate a disposition.
SHOULD WE CALL SOME PATIENTS AFTER THE ED VISIT?

- In a study involving 30,000 Press-Ganey Surveys, ED physician call back was strongly associated with improved patient satisfaction (14th percentile vs 85 percentile in call back group)

- One RCT demonstrated elderly patients are more likely to follow up with their PCM after a ED follow up call

- My conclusion: in select patients this may be a helpful strategy and could be considered as another tool in your armamentarium
“THEY MAY FORGET YOUR NAME BUT WILL NEVER FORGET HOW YOU MADE THEM FEEL.”

Maya Angelou
BAMC ED PATIENT SATISFACTION

THE “ICE” BOX
SUMMARY OF BAMC ICE BOX: COMMON PATIENT PERCEPTIONS

- At times patients feel judged for coming to ED
- Patients left alone and not updated on results
- ED may communicate one thing, consultants may communicate another (or referrals were dropped)
- Extraneous communication that is overheard
- Meds not put in CHCS
- Turnover issues
SEVERAL PATIENTS TOOK THE TIME TO WRITE COMPLIMENTS ABOUT THE COMPASSIONATE CARE THEY RECEIVED

Let us never forget this theme.
MAXIMIZING PATIENT SATISFACTION IN THE ED

SUMMARY

- High patient satisfaction scores and quality, cost effective care are not necessarily mutually exclusive.
- Let us never lose the humanistic side of medicine.
- Your wellness and job satisfaction matter too! You will probably enjoy your shift more.
- Your patients will be more likely to follow through and may have better outcomes.
- If they like you, they will forgive most anything.